



PTO/SB/21 (6-98)

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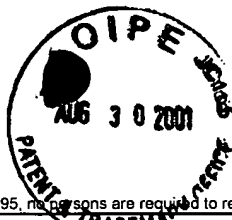
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/846,706
	Filing Date	04/30/2001
	First Named Inventor	THOMAS C. KURACINA
	Group Art Unit	UNKNOWN
	Examiner Name	UNKNOWN
Total Number of Pages in This Submission		Attorney Docket Number INJEC-016C1

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FEE TRANSMITTAL for FY 2001 Patent fees are subject to annual revision.		Complete if Known	
		Application Number	09/846,706
		Filing Date	04/30/2001
		First Named Inventor	THOMAS C. KURACINA
		Examiner Name	UNKNOWN
TOTAL AMOUNT OF PAYMENT (\$)		Group Art Unit	UNKNOWN
		Attorney Docket No.	INJEC-016C1

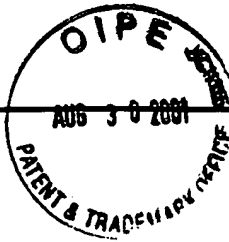
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<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 710</td><td>201 355</td><td>Utility Filing fee</td><td>_____</td></tr><tr><td>106 320</td><td>206 160</td><td>Design Filing fee</td><td>_____</td></tr><tr><td>107 490</td><td>207 245</td><td>Plant Filing fee</td><td>_____</td></tr><tr><td>108 710</td><td>208 355</td><td>Reissue Filing fee</td><td>_____</td></tr><tr><td>114 150</td><td>214 75</td><td>Provisional Filing fee</td><td>_____</td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>\$ 0</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 710	201 355	Utility Filing fee	_____	106 320	206 160	Design Filing fee	_____	107 490	207 245	Plant Filing fee	_____	108 710	208 355	Reissue Filing fee	_____	114 150	214 75	Provisional Filing fee	_____	SUBTOTAL (1)			\$ 0		
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2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims _____ - 20** = _____</td><td>X _____ = _____</td><td>_____</td></tr><tr><td>Independent Claims _____ - 3 = _____</td><td>X _____ = _____</td><td>_____</td></tr><tr><td>Multiple Dependent _____</td><td>_____ = _____</td><td>_____</td></tr></tbody></table>		Extra Claims	Fee from below	Fee Paid	Total Claims _____ - 20** = _____	X _____ = _____	_____	Independent Claims _____ - 3 = _____	X _____ = _____	_____	Multiple Dependent _____	_____ = _____	_____																		
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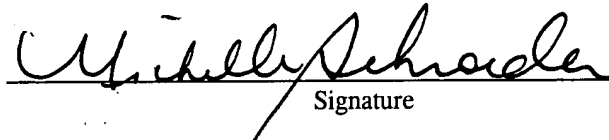
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